

Application for Free School Meals and School Clothing Grant

Please complete this form in BLOCK CAPITALS

Parent / Guardian Details

	YOU	YOUR SPOUSE / PARTNER (OPTIONAL)
Title	Mr / Mrs / Ms / Miss	Mr / Mrs / Ms / Miss
First Name		
Last Name		
Date of Birth		
National Insurance No. or NASS No.		

Address:

Postcode:

Telephone No:

Relationship of Applicant to Pupil(s):

Child / Children's Details

Please enter below the name of each child you wish to claim for who is:

- a) living at home and is IN FULL TIME EDUCATION and UNDER 16 or
- b) is OVER 16 and IN FULL TIME EDUCATION at school

FIRST NAME	LAST NAME	DATE OF BIRTH	NAME OF SCHOOL (From September 2014)
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		/ /	

Please tick the benefit you receive for your child / children

✓

Child Tax Credit with **NO** Working Tax Credit

Working Tax Credit Run On (for four-week after finishing work)

Income Support

Income Based Jobseekers Allowance

Income Related Employment and Support Allowance

Guaranteed Element of State Pension Credit

Support under Part VI of the Immigration & Asylum Act 1999

I/We have an Annual Income of **below £16,190** (as assessed by Her Majesty's Revenue & Customs) **with no Working Tax Credit**

Children who receive Income Support or Income Based Jobseekers Allowance in their own right are also entitled to receive Free School Meals

Please Note:

- Cumbria County Council has the facility to check benefit entitlement. This means that you do not need to send proof of benefit at this stage, however if we are unable to establish your entitlement we may request current documentary evidence.
- You will **not** qualify if you are in receipt of Working Tax Credit.
- You will be charged for all school meals taken prior to confirmation of entitlement.

Declaration

I certify that the information given by me regarding income/benefits is correct to the best of my knowledge and belief. I authorise Cumbria County Council to use the information I have provided to process my claim for Free School Meals and to contact other sources allowed by law to verify my initial and ongoing entitlement. It will not be shared with any other parties.

I will inform the Free School Meals Service and my child's school immediately if I no longer receive the qualifying benefit or if any of my personal details (ie: address / name) change. I understand the Local Authority has a duty to protect public funds and may use the information provided on this form to prevent and detect fraud. I will become liable for payment of any school meals taken by my child / children to which they are not entitled.

Signature of Applicant: _____**Date:** _____

Completed forms should be returned to:

**Free School Meals Service
Cumbria Advice & Support Team
Local Welfare Assistance
The Courts
Kraemer Building
Carlisle
CA3 8NA**

If you require help or advice regarding your application please contact: Tel: 01228 226105/221548

FOR OFFICE USE ONLY**Date Form Received:** _____**Claim checked on FSM ECS:****Found**☐**Not Found**☐**Date Input:** _____**Authorised on behalf of CCC:**
